



BUREAU OF NARCOTICS & DANGEROUS DRUGS

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www.dhss.mo.gov/BNDD

Pseudoephedrine Tracking Database

In 2008 the state of Missouri enacted legislation that would require retail pharmacies to report their sales of pseudoephedrine to a statewide database. Funding was not available at that time to implement the database. Recently a group of drug manufacturers has made funding available to states that would like to have a tracking database. The database will be provided to the state of Missouri that will include training for pharmacies and law enforcement. There will be no fees or costs to the pharmacies. The only condition to receive the free database is that the state must have a statute that requires all pharmacies to participate. The Missouri statute already mandates this and Missouri is eligible for the free database. At this time, the industry is drafting the agreement to be signed with the states and the state of Missouri is drafting a rule package to describe the manner and format for the database reporting. The data from pharmacies will be in a standard pharmacy software language that has been approved by the National Association of Boards of Pharmacy and the American Society for Automation in Pharmacy. The system will be a real-time system that can be queried at the point of sale so that a sale may be denied.

Education For Safe Use of Methadone

The U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) and the U.S. Food and Drug Administration (FDA) have launched an initiative to help ensure the safe use of methadone. Methadone is best known as a treatment for addiction and dependence. Methadone is now being prescribed to treat moderate-to-severe chronic pain patients. Methadone has also been added to the Medicaid formulary and methadone is very inexpensive. This has led to physicians prescribing more methadone for the treatment of pain where before practitioners were prescribing hydrocodone or oxycodone products. The increase in the prescribing of methadone for pain has caused a significant increase in poisoning deaths linked to improper use of the medication. The number of poisoning deaths linked to methadone is rising faster than the number of poisoning deaths from any other narcotic drug. General practitioners without formal training in pain management have prescribed methadone without realizing the different way methadone metabolizes in the body. Unlike other narcotic pain relievers, a single dose of methadone can remain in the body anywhere from 8 to 59 hours. As a result, the drug builds up to toxic levels if it is taken too often, in too high of an amount, or with other medications. Many of the deaths occur when the patient takes their first dose. Manufacturers earlier pulled their 40mg diskette-wafers from pharmacy shelves because of the prescribing habits and poisonings. To learn more information about this campaign by SAMHSA and the FDA, visit www.dpt.samhsa.gov/methadonesafety

Take-Back Programs:

Patients have unused and unwanted pharmaceuticals in their homes. It would be safer if these medications could be collected and disposed of to avoid poisonings, diversion and abuse. Medical practitioners and pharmacies cannot accept patients' controlled substances at this time. The DEA is in the process of having the Controlled Substances Act of 1970 amended and promulgating some rules so that end users can dispose of unwanted drugs. In the meantime law enforcement agencies may operate take-back programs where they can collect medications, log them in and then destroy them. Interested law enforcement agencies may contact their local DEA office if they are interested in such a program.

Red Ribbon Week:

Schools and communities around the country will recognize Red Ribbon Week from Oct. 17th to Oct. 25th. This is the oldest and largest drug abuse prevention campaign in the United States. In February 1985, DEA Special Agent Enrique “Kiki” Camarena left his office to meet his wife for lunch. Five men kidnapped him, tortured him to death and left him in a shallow grave. He was 37 years old. Within weeks of his death, Congressman Duncan Hunter launched “Camarena Clubs” for youth to pledge to lead drug-free lives. These clubs began wearing red ribbons. The Red Ribbon Week emerged from the efforts of these clubs. Today Red Ribbon Week is recognized not only to preserve the memory of Special Agent Camarena and the cause for which he gave his life, but to all people who have made the ultimate sacrifice in support of our nation’s struggle against drug trafficking and abuse. Leading and teaching our youth to project a strong, unified and positive message to prevent drug abuse is an effort worthy of all practitioners who support good community public health and safety. We encourage all healthcare providers to participate and support the activities in their communities.



DEA Tracks Drugs of Concern:

The bureau frequently receives telephone calls and inquiries about drugs that are being abused and whether these drugs are going to be scheduled. The most common inquiries are regarding carisoprodol, tramadol, and propofol. The DEA’s website at www.deadiversion.usdoj.gov has a link called Drugs/Chemicals of Concern where they list and provide information on the substances on which they are currently tracking and collecting data.



Latest Flu Information—Things You Can Do, News You Can Use

To keep yourself updated and also share H1N1 information with your patients, be sure to visit the Department of Health and Senior Services’ website at www.dhss.mo.gov. The homepage of the website has a large link with the *Latest Flu Information—Things You Can Do, News You Can Use*. Clicking on that link will provide information regarding new developments, weekly reports of flu cases in Missouri, preventative measures and the state’s steps to deal with this new form of influenza. There are special links for medical professionals, employers, child care providers, long-term care facilities, restaurant workers, pregnant and breastfeeding women and schools. Posters and booklets can be downloaded and information can be obtained from the CDC. Information is also offered in multiple languages.

Annual SAMSHA Report Published

SAMSHA published its annual report from the 2008 Survey on Drug Use and Health: National Findings. When asking youth where they obtained their prescription drugs for abuse, the youth provided the following information:

Source of Prescription Drugs

- Past year nonmedical users of prescription-type psychotherapeutic drugs are asked how they obtained the drugs they recently used non-medically. Rates averaged for 2007 and 2008 show that over half of the nonmedical users of prescription-type pain relievers, tranquilizers, stimulants, and sedatives aged 12 or older said they got the drugs they used most recently "from a friend or relative for free." In a follow-up question, the majority of these respondents indicated that their friend or relative had obtained the drugs from one doctor.
- Among persons aged 12 or older in 2007-2008 who used pain relievers non-medically in the past 12 months, 55.9 percent got the pain relievers they most recently used from a friend or relative for free. Another 8.9 percent bought them from a friend or relative, and 5.4 percent took them from a friend or relative without asking. Nearly one fifth (18.0 percent) indicated that they got the drugs they most recently used through a prescription from one doctor. About 1 in 20 users (4.3 percent) got pain relievers from a drug dealer or other stranger, and 0.4 percent bought them on the Internet. These percentages are similar to those reported in 2006-2007.
- In 81.7 percent of the instances in 2007-2008 where nonmedical users of prescription pain relievers aged 12 or older obtained the drugs from a friend or relative for free, the individuals indicated that their friend or relative had obtained the drugs from just one doctor. Only 1.6 percent reported that the friend or relative had bought the drugs from a drug dealer or other stranger.

A Patient Chart is Always Required

A patient chart is always required. The chart should contain patient history, dates seen, progress notes, treatment plans, and medications. Each profession has requirements specific to its practice act regarding what must be documented. All controlled substance activities must always be documented in a patient's chart. This would be prescriptions, administration and dispensing. Documentation of a patient chart is paramount in establishing a legitimate practitioner/patient relationship. The DEA has ruled that if controlled substances are authorized when there is no patient chart and no physical examination, this would not be a legal distribution of controlled substances.

Federal Regulation 21 CFR 1306.04(a) states in material part:

A prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. An order purporting to be a prescription issued not in the usual course of professional treatment or in legitimate and authorized research is not a prescription within the meaning and intent of section 309 of the Act (**21 U.S.C. 829**) and the person knowingly filling such a purported prescription, as well as the person issuing it, shall be subject to the penalties provided for violations of the provisions of law relating to controlled substances.

The DEA has ruled there must legitimate treatment which includes physical examinations and records. Other licensing boards have similar requirements for patient charts.

- State Board of Healing Arts.....Section 334.097.1, RSMo;
- Missouri Dental Board.....Section 332.052, RSMo;
- Missouri Veterinary Board.....Section 340.284, RSMo